



RCVD JAN 4 '10

**TOWN OF DAVIE**  
**MARCH 9, 2010**  
**GENERAL INFORMATION SHEET**

**ALL DOCUMENTS FILED WITH THE TOWN CLERK'S OFFICE  
WILL BE PLACED ON THE TOWN'S WEBSITE**

Candidate's Name Caryl Casey Hattan District: 234  
Circle One

Residency Address 7790 N.W. 31st Davie, Fl.

Have you resided at the above address six months or more? Yes ☒ No ☐

Mailing Address \_\_\_\_\_  
(if different from residency address)

Telephone: Home 954-432-8114 Work 754-321-7650 Cell 954-882-6649

E-Mail Address CNHAME@aol.com

Date of Birth 04/03/1947

Occupation teacher

Spouse's Name deceased

Campaign Treasurer Caryl Casey Hattan Telephone 954-432-8114

Deputy Treasurer \_\_\_\_\_ Telephone \_\_\_\_\_

At time of qualifying, the following must be filed with the Town Clerk:

	Form #	Title of Form
<input checked="" type="checkbox"/>	DS-DE9	Appointment of Campaign Treasurer and Designation of Depository (if not already filed)
<input checked="" type="checkbox"/>	DS-DE84	Statement of Candidate
<input checked="" type="checkbox"/>	DS-DE25	Loyalty Oath and Oath of Candidate
<input checked="" type="checkbox"/>	CE Form 1	Statement of Financial Interests ( <u>for incumbents</u> , a copy of the 2008 Form 1 filed July 1, 2009 is acceptable - F.S. 99.061(7)(a)6.)
<input checked="" type="checkbox"/>	\$497.25 Filing Fee	Check must be written from the campaign account made payable to the Town of Davie (the filing fee includes the \$372.94 qualifying fee and the \$124.31 election assessment fee)
<input checked="" type="checkbox"/>		Acknowledgement of Notice of Logic and Accuracy Test
<input checked="" type="checkbox"/>		Notice of Candidacy

**RETURN THIS PAGE TO THE TOWN CLERK WITH YOUR QUALIFYING PAPERS**

**LOYALTY OATH FOR  
NON-PARTISAN OFFICE**

(Sections 876.05-876.10, Florida Statutes)

OFFICE USE ONLY

RCVD JAN 4 '10

STATE OF FLORIDA

Broward COUNTY

I,

Caryl

First Name

Casey

Middle Name/Initial

Hattan

Last Name

a citizen of the State of Florida and of the United States of America, . . . and a candidate for public office . . . do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

**OATH OF CANDIDATE**

(Section 99.021, Florida Statutes)

I,

Caryl Casey Hattan

(PLEASE PRINT NAME AS YOU WISH IT TO BE WRITTEN IN ON THE BALLOT — NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the office of

Councilmember Davie Town Council - 2 District

(office)

(district)

(group)

My legal residence is 7790 N.W. 31st. Broward County, Florida. I am qualified

under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected. I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes.

X Caryl Casey Hattan

Signature of Candidate

1954 432-8114

Daytime Telephone Number

CMHHME@aol.com

Email Address

7790 N.W. 31st. Davie

Address

City

Florida

State

33024-2203

ZIP Code

Sworn to (or affirmed) and subscribed before me this 28 day of December 2009.

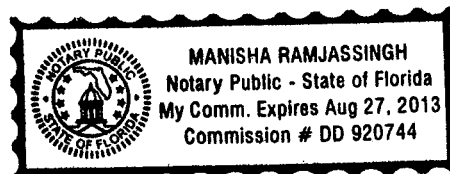
Personally Known: \_\_\_\_\_ or

Produced Identification: X

Type of Identification Produced:

FL DL # H350103476230.

Manisha Ramjassingh  
Signature of Notary Public - State of Florida  
Print, Type or Stamp Commissioned Name of Notary Public



**LOGIC AND ACCURACY TEST  
ACKNOWLEDGEMENT**

RCVD JAN 4 '10

I hereby acknowledge that I have received notification of the time and place for the Logic and Accuracy Test for the March 9, 2010 election. This acknowledgement is pursuant to F.S.S. 101.5612.

DATE: March 3, 2010\*  
TIME: 2:00 p.m.  
PLACE: Voting Equipment Center II  
(entrance on the west side of the Lauderhill Mall)  
1501 NW 40 Avenue  
Lauderhill, Florida

1-4-10  
Date

Carol Casey Hattan  
Candidate

Janice Hamparssie  
Witness

\*tentative - should the date and time be amended, the candidate will be notified

2009

2008

## FORM 1

## STATEMENT OF

## FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

LAST NAME -- FIRST NAME -- MIDDLE NAME:

Hattan Caryl Casey

MAILING ADDRESS:

7790 N.W. 31 St.

Davie, Fl. 33024 Broward

CITY:

ZIP:

COUNTY:

NAME OF AGENCY:

Davie Town Council

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

District 2

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF ☒ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEEFOR OFFICE  
USE ONLY:

ID Code

ID No.

RCVD JAN 4 '10

Conf. Code

P. Req. Code

## \*\*BOTH PARTS OF THIS SECTION MUST BE COMPLETED\*\*

## DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one):

☐ DECEMBER 31, 2008 OR☐ SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

## MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):

☐ COMPARATIVE (PERCENTAGE) THRESHOLDS

OR

☐ DOLLAR VALUE THRESHOLDS

## PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
School Bd of Broward Cty	600 Southeast Third Ave. Ft. Lauderdale	Education Public Schools

## PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
self	Broward Teachers Union	6000 Univ. Dr. Tallahassee	Teachers Union

## PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

FILING INSTRUCTIONS for when  
and where to file this form are locat-  
ed at the bottom of page 2.INSTRUCTIONS on who must file  
this form and how to fill it out begin  
on page 3.OTHER FORMS you may need to  
file are described on page 6.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES


**PART E — LIABILITIES** [Major debts]  
NAME OF CREDITOR

ADDRESS OF CREDITOR

Brightstar Credit Union	2400 Davie Rd, Davie, FL
Car lease - 5/10	Vera Cadillac (GMAC)

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses]

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

BUSINESS ENTITY # 3

NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE (required):

*Caryl Casey Hattan*

DATE SIGNED (required):

*12/28/09***FILING INSTRUCTIONS:****WHAT TO FILE:**

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

**NOTE:****MULTIPLE FILING UNNECESSARY:**

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

**WHERE TO FILE:**

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

**Local officers/employees** file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

**State officers or specified state employees** file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

**Candidates** file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

**WHEN TO FILE:**

**Initially**, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

**Candidates** for publicly-elected local office must file at the same time they file their qualifying papers.

**Thereafter**, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

**Finally**, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.



RCVD JAN 4 '10

**TOWN OF DAVIE  
MARCH 9, 2010  
NOTICE OF CANDIDACY**

**ALL DOCUMENTS FILED WITH THE TOWN CLERK'S OFFICE  
WILL BE PLACED ON THE TOWN'S WEBSITE**

Candidate's Name Caryl Casey Hattan Date 1-4-10  
(name as it is to appear on ballot - please print)

Residency Address 7790 NW 31 St Davie, Fl.

The undersigned is qualified to be a member of the Town Council of the Town of Davie, Florida and states:

1. I am a qualified elector of the State of Florida and the Town of Davie.
2. Have you resided at the above address six months or more? Yes ☒ No ☐
3. I shall not, as a Councilmember, hold any other elected public office.
4. I am otherwise qualified to be Councilmember in the Town of Davie.
5. I have paid a \$497.25 filing fee to the Town Clerk (\$372.94 qualifying fee and \$124.31 election assessment) (check from campaign account made payable to the Town of Davie)
6. I have read and understand the provisions in the Town's Charter concerning Council qualifications.
7. I have read and will comply with all provisions of Chapter 106, Florida Statutes.

Candidate for District: 2 3 4  
Circle One

Signature: Caryl Casey Hattan  
Print Name: Caryl Casey Hattan  
Address: 7790 N.W. 31 St.  
Davie, Fl. 33024

I hereby certify that this Notice of Candidacy form was filed with me on the 4 day of January 2010.

[Signature]  
Town Clerk or Qualifying Officer

**RETURN THIS PAGE TO THE TOWN CLERK'S OFFICE WITH YOUR  
QUALIFYING PAPERS AND SIGN IT IN THE PRESENCE OF THE  
TOWN CLERK OR QUALIFYING OFFICER**

RCUD JAN 4 '10

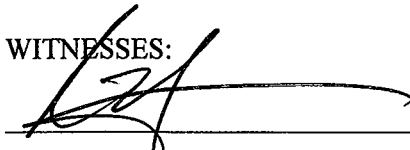
**STATEMENT OF ETHICAL CAMPAIGN PRACTICES**  
**(Broward County Ordinance 2000-06)**

As a candidate for public office in Broward County, I believe that political issues can be freely debated without appealing to racial, ethnic, religious, sexual, or other prejudices. I recognize that such negative appeals serve only to divide this community and create long-term moral, social, and economic problems. Therefore:


1. I shall not make my race, color, religion, gender, national origin, physical disability, or sexual orientation an issue in my campaign.
2. I shall not make my opponent's race, color, religion, gender, national origin, age, marital status, familial status, physical disability, or sexual orientation an issue in my campaign.
3. I will condemn any appeal to prejudice based on race, color, religion, gender, national origin, age, marital status, familial status, physical disability or sexual orientation.
4. I shall not attack or question my opponent's patriotism.
5. I shall not publish, display, or circulate any anonymous campaign literature or political advertisement nor shall I tolerate or permit members of my campaign organization to engage in such activities.
6. I shall not tolerate nor permit members of my campaign organization to engage in activities designed to destroy or remove campaign materials or signs lawfully displayed on public or private property.
7. I shall not tolerate my supporters engaging in these activities which I condemn nor shall I accept their continued support if they engage in such activities. I will not permit any member of my campaign organization to engage in these activities and will immediately and publicly repudiate the support of any other individual or group which resorts to the methods and tactics that I hereby condemn.
8. I shall run a positive campaign emphasizing my qualifications for office and my positions on issues of public concerns and I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
9. I will neither use nor permit the use of malicious untruths or innuendoes about an opponent's personal life, nor will I make or condone unfounded accusations discrediting an opponent's credibility.
10. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

Executed on this day 4 of Jan., 2010.

WITNESSES:

  
\_\_\_\_\_  
Shela D. Preston

BY CANDIDATE:

  
\_\_\_\_\_  
Signature  
Caryl Casey Hattan  
\_\_\_\_\_  
(Print name)

STATEMENT OF ETHICAL  
CAMPAIGN PRACTICES  
PAGE 2

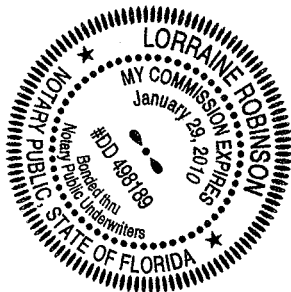
STATE OF FLORIDA )

) SS.

COUNTY OF BROWARD )

The foregoing instrument was acknowledged before me this 4<sup>th</sup> day of January,  
2010, by Caryl Casey Hattan, who is personally known to me or who has produced  
FLDRIVERS Lic as identification and who did/did not take an oath.

Witness my hand and official seal, this 4<sup>th</sup> day of January, 2010.



Lorraine Robinson  
Signature of person taking acknowledgment  
[Public Notary, State of Florida]

Lorraine Robinson  
Name of person taking acknowledgment  
(typed, printed, or stamped)

My commission expires: 1/29/10